

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s):	PAUL A. WORSOWICZ	DEFARTIME
II. Name of Lobbyist's part	nership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN & 214 North Main Street, Con	
603-228-1181	603-226-3477	worsowicz@gcglaw.com
(Telephone)	(Fax)	(Email)
	(Choose one – file separate reports for ions which are not attributable to any o	each client, OR you may file a separate report for one client.)
☐ All reportable transacti	ons occurring in the month prior to the re	porting date relative to the following client.
(Fu	Ill Name of Client as it appears on the Lol	obyist Registration Form)
OR All reportable transact unrelated to any particular control or the second se		st's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 🔲	July 26, 2017 □
•	from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
•	October 25, 2017	January 24, 2018 🗵
	ty from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
	received and no reportable transaction te just this form and submit it to the Secre	s made since the last report. Etary of State's Office, State House, Room 204.
VI. Check if additional rep	oorts are attached:	
☐ If you have received fee.	s or made expenditures, you must file Ad	dendum A – Fees and Expenses
Expense Reimbursement		t file Addendum B – Report of Honorariums or you must file Addendum C – Political Contributions
If you, your firm, or you	r ramily has made political contributions,	you must me Addendam C - Foreign Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15 to the best of my knowledge at	-B and RSA 664 and hereby swear or affin	rm that the foregoing information is true and complete
(Signature of Lobbyist)	many -	1-22-18 (Date)
PAUL A. WORSOWICZ		



STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions

Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	PAUL A. WORSOWICZ				
II. Name of lobbyist's partnership, firm or corporation, if any:					
	GALLAGHER, CALL	AHAN & GARTRELL, P.	С.		
		nip, firm or corporation)	·		
III. Name of Client		Date			
	bution that is reportable pursying firm, indicate the follow		paid on behalf of the		
Full name of candidate:	Political Action Com PAPPAS	mittee: CHRIS PAPPAS I CHRIS	FOR CONGRESS		
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of Contribution \$	500.00 Office Candidate is So	eeking <u>U.S. CONGRESS</u>			
	Political Action Comm	nittee:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of Contribution &	Office Candidate is S				
If the contribution is an in-	kind contribution, provide a de ontribution on the line above for	escription of the goods or ser	vices provided, and enter the		
	Political Action Comm	ittaa	7		
Full name of candidate:	(Last Name)		(Middle Name/Initial)		
Amount of Contribution \$	Office Candidate is S	Seeking			

(turn over to continue →

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	
	_
If more than three contributions were made, report additional contributions on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	
By: Signature of lobbyist)	-
PAUL A. WORSOWICZ (Print Name of Lobbyist)	